



Published on AIDSFree (<https://aidsfree.usaid.gov>)

[Home](#) > [Resources](#) > [AIDSFree Guidance Database](#) > [HIV/TB Co-Infection Guidance Database](#) >

Lesotho

The following provides a summary of specific guidelines from the country's national guidance strategy. Use the jump links in yellow to access details by patient population. This summary can be downloaded or e-mailed to yourself or a colleague. The original country guidance document can also be found below the jump links for download.

Patient Population [Download summary page as PDF](#) [E-mail this page](#)

Suggest Updates

- [Adults](#)
- [Pregnant Women](#)
- [Children](#)

Adults

Year Issued:

2014

Reference:

National Guidelines On The Use Of Antiretroviral Therapy For Hiv Prevention And Treatment

Screening for PLHIV for TB Every Visit? (Y/N) (Intensified Case Finding):

Yes

Criteria for Starting TB Prophylaxis Among TB-Exposed PLHIV:

None indicated

Criteria for Starting TB Prophylaxis Among Unknown TB-Exposed PLHIV:

Eligible HIV-infected patients should be initiated on IPT irrespective of the CD4 count, WHO clinical stage, and ART status.

All PLHIV over 1 year of age who have no signs or symptoms of TB at the time of HIV testing and/or entry into care and who do not have contraindications to IPT should be started on IPT as soon as possible. Initiate IPT after active TB has been excluded. The standard IPT regimen is: Adults: Isoniazid (INH): 300 mg/day x 6 months Pyridoxine (Vitamin B6): 25 mg/day x 6 months Contraindications to IPT include: active TB disease, active hepatitis, alcoholism, severe peripheral neuropathy, epilepsy, and kidney failure.

Criteria for Starting: ARV 1st Line Regimen:

All TB/HIV co-infected patients should be started on ART within 2-4 weeks of TB treatment initiation,

irrespective of the CD4 cell count. TB/HIV co-infected patients:

Preferred:

- TDF + 3TC + EFV Use Efavirenz (EFV) as the preferred NNRTI in patients on TB treatment

Patients who Develop TB while on ART:

- If TB is diagnosed after a patient has already been initiated on ART, then start TB treatment, and switch adults who are on Nevirapine-based regimens to Efavirenz.
- LPV/r and other PIs have significant interactions with rifamycins and should not routinely be used together.
 - There may be situations when LPV/r is the only option for patients on concomitant TB treatment, in which case it should be used.

If a patient is on LPV/r, add Ritonavir (RTV) in a ratio of 1:1 (LPV: RTV) to achieve the full therapeutic dose of RTV.

Pregnant Women

Year Issued:

2014

Reference:

National Guidelines On The Use Of Antiretroviral Therapy For Hiv Prevention And Treatment

**Screening for PLHIV for TB Every Visit? (Y/N)
(Intensified Case Finding):**

Yes

**Criteria for Starting TB Prophylaxis Among TB-Exposed
PLHIV:**

None indicated

**Criteria for Starting TB Prophylaxis Among Unknown
TB-Exposed PLHIV:**

Isoniazid (INH) is safe in pregnancy and during breastfeeding. IPT should be offered to all eligible HIV-infected pregnant and breastfeeding women after TB screening and exclusion of active TB. IPT can be started at any time during pregnancy. In the event that a woman on IPT becomes pregnant, IPT should be continued. Following delivery, IPT should be continued during breastfeeding to complete the six month course of therapy.

Children

Year Issued:

2014

Reference:

National Guidelines On The Use Of Antiretroviral Therapy For Hiv Prevention And Treatment

Screening for PLHIV for TB Every Visit? (Y/N)

(Intensified Case Finding):

Yes

Criteria for Starting TB Prophylaxis Among TB-Exposed PLHIV:

< 12 months:

HIV infected infants <12 months who are TB exposed should receive IPT and followed clinically as part of a comprehensive package of HIV care.

However, children in this age range who are not TB exposed should not receive IPT. All PLHIV over 1 year of age who have no signs or symptoms of TB at the time of HIV testing and/or entry into care and who do not have contraindications to IPT should be started on IPT as soon as possible, irrespective of the CD4 count, WHO clinical stage, and ART status. The standard IPT regimen is: Children: Isoniazid (INH) 10 mg/kg/day (max 300 mg/d) x 6 months Pyridoxine (Vitamin B6): 12.5-25 mg/day x 6 months

Criteria for Starting TB Prophylaxis Among Unknown TB-Exposed PLHIV:

< 12 months:

HIV infected infants <12 months who are TB exposed should receive IPT and followed clinically as part of a comprehensive package of HIV care.

However, children in this age range who are not TB exposed should not receive IPT. All PLHIV over 1 year of age who have no signs or symptoms of TB at the time of HIV testing and/or entry into care and who do not have contraindications to IPT should be started on IPT as soon as possible, irrespective of the CD4 count, WHO clinical stage, and ART status. The standard IPT regimen is: Children: Isoniazid (INH) 10 mg/kg/day (max 300 mg/d) x 6 months Pyridoxine (Vitamin B6): 12.5-25 mg/day x 6 months

Criteria for Starting: ARV 1st Line Regimen:

Younger than 3 years or <10kg

TB/HIV co-infected patients:

- ABC + 3TC + NVP is recommended for children during TB treatment.
- Once TB treatment is completed, place child on recommended ABC + 3TC + LPV/r.

Initiating TB Treatment while receiving ART:

Child on standard PI- based regimen (two NRTIs + LPV/r):

- Substitute NVP for LPV/r, ensuring that dose is 200mg/m² or Triple NRTI (AZT + 3TC + ABC)

3 years and older

TB/HIV co-infected patients:

- ABC + 3TC + EFV

Initiating TB Treatment while receiving ART:

Child on standard PI- based regimen (two NRTIs + LPV/r):

If the child has no history of failure of an NNRTI-based regimen:

- Substitute EFV for LPV/r or use Triple NRTI (AZT + 3TC + ABC)

If the child has a history of failure of an NNRTI-based regimen:

- Triple NRTI (AZT + 3TC + ABC)

ARV 2nd Line Regimen:

Consultation with experts for constructing a second- line regimen

Source URL: <https://aidsfree.usaid.gov/resources/guidance-data/hiv-tb/lesotho>